



Reducing childhood obesity

Meeting the challenges, barriers, opportunities and success

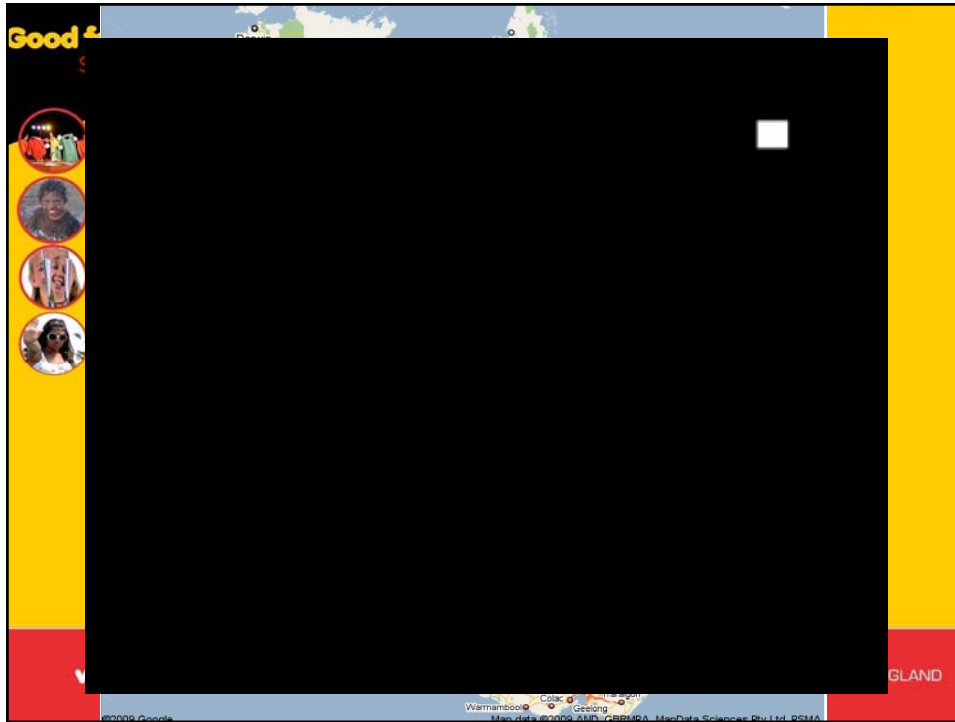
Delivered by: Scott Trindall, Program Manager
Hunter New England Population Health Unit
Tamworth, NSW, Australia

1st International Conference on "Health Service Delivery Management", Phitsanoluk, Thailand. 14 – 16 October, 2009.



Contents

- Good for Kids Good for Life program
 - prevalence, impacts, causes
 - program approach and interventions
- Cultural appropriateness within Good for Kids and impacts on service delivery
 - 4 strategies for reaching Aboriginal communities
 - Key learnings



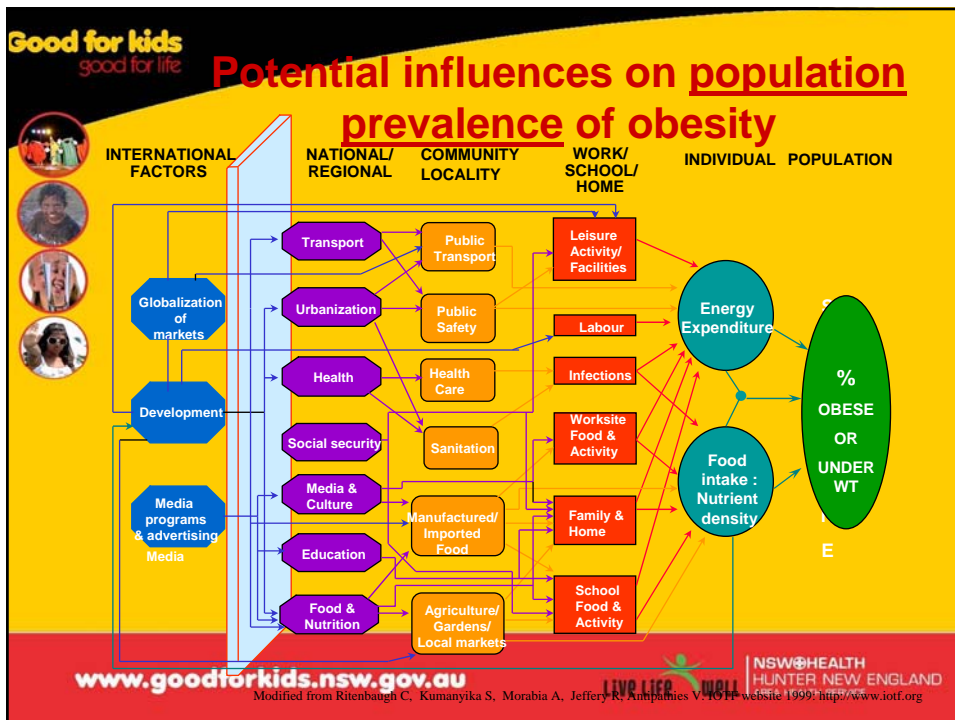
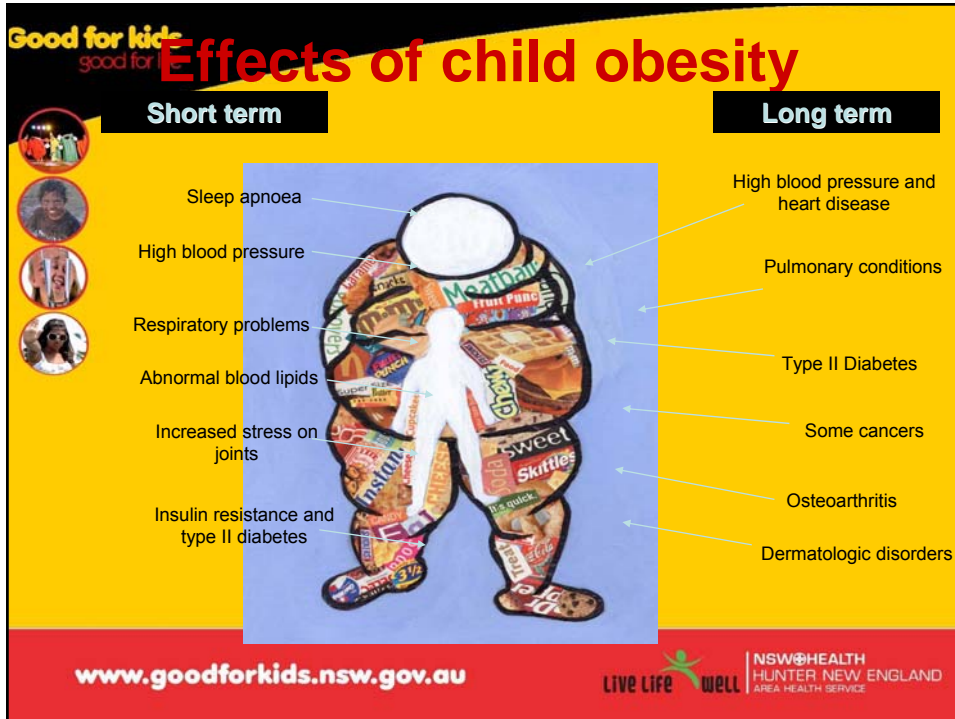
Good for kids
good for life

Childhood obesity

- In NSW approx. 22% overweight/obese, trending towards 1/3.
- Data on Aboriginal kids suggests slightly higher – Aboriginal adults higher
- Obesity impacts kids and adults health and is a risk factor for many chronic diseases

www.goodforkids.nsw.gov.au

LIVE LIFE WELL | NSW@HEALTH
HUNTER NEW ENGLAND
AREA HEALTH SERVICE



Good for Kids. Good for Life.



- Good for Kids is a state government funded pilot health promotion program delivered by the Hunter New England Population Health unit
- Good for Kids has 6 major streams based on program settings (schools, childcare services, health services, community) and internal administration (social marketing and evaluation)

Goals



- ↑ sweetened drink consumption
- ↑ energy dense foods such as take away
- ↓ fruit and vegetables
- ↓ time spent in small screen recreation (TV, video games)
- ↓ physical activity (sport, play, leisure)

Good for Kids – snapshot



- **Schools** – daily fruit/veg and water break; nutrition and physical activity policies; partnership with education systems.
- **Childcare services** – training for service directors/cooks; menu audits.
- **Health services** – catering policy; promotion of 4 yr health check; supporting GP's to deliver key messages

Good for Kids Why Aboriginal Communities



- Aboriginal population has poorer health outcomes than non-Aboriginal
 - Aboriginal people experience a greater burden of ill health and disease. Life expectancy for Aboriginal men and women is significantly lower (15 and 20 years respectively) (Lin et al., 2007)
- Commitment within program to ensure Good for Kids was Good for Aboriginal Kids too
- Including Aboriginal kids formed a key part of the funding agreement for the program

Why Aboriginal communities



- **How** to reach Aboriginal communities with a mainstream health promotion program not yet known



Making Good for Kids good for Aboriginal kids too



- Four distinct strategies were implemented to support culturally appropriate service delivery in the Good for Kids program:
 - Aboriginal **employment strategy**
 - Restorative **funding** for Indigenous Australian interventions
 - An equity-focused Health Impact Assessment (**HIA**)
 - Community **consultation** (Aboriginal Health Advisory Group)

An employment strategy



- Initially **4 positions** on project team designated for Aboriginal people
- 1 x program manager, 3 x project officers
- Subsequent '**identified**' **criteria** applied to all staff recruitment actions, applied to existing roles (e.g. "Key accountability: Understanding of and commitment to Aboriginal community health needs.", "Demonstrated ability to communicate effectively with Aboriginal people.")

Equity-focussed Health Impact Assessment



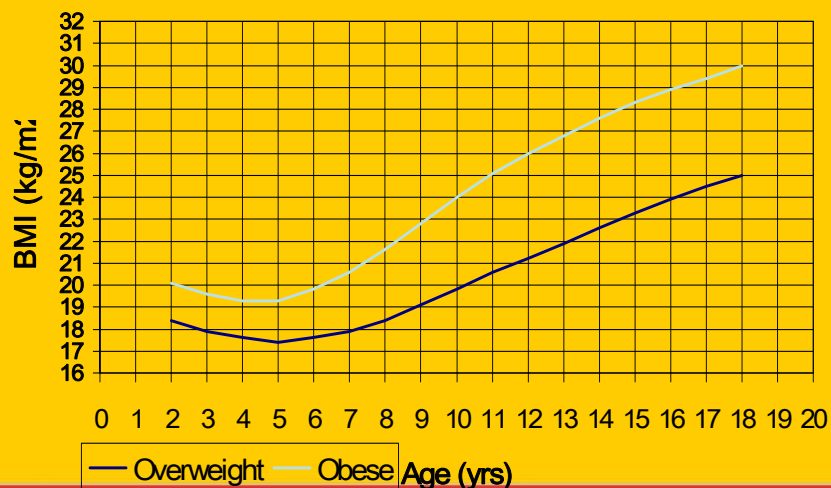
- Applied standard steps of HIA (screening, scoping, identification, recommendation, Mahoney et al, 2004)
- Influenced by the NZ Whanau Ora HIA
- Undertaken by the Aboriginal Health stream staff and Aboriginal Health Advisory Group
- Over 80 recommendations for programs, none rejected.

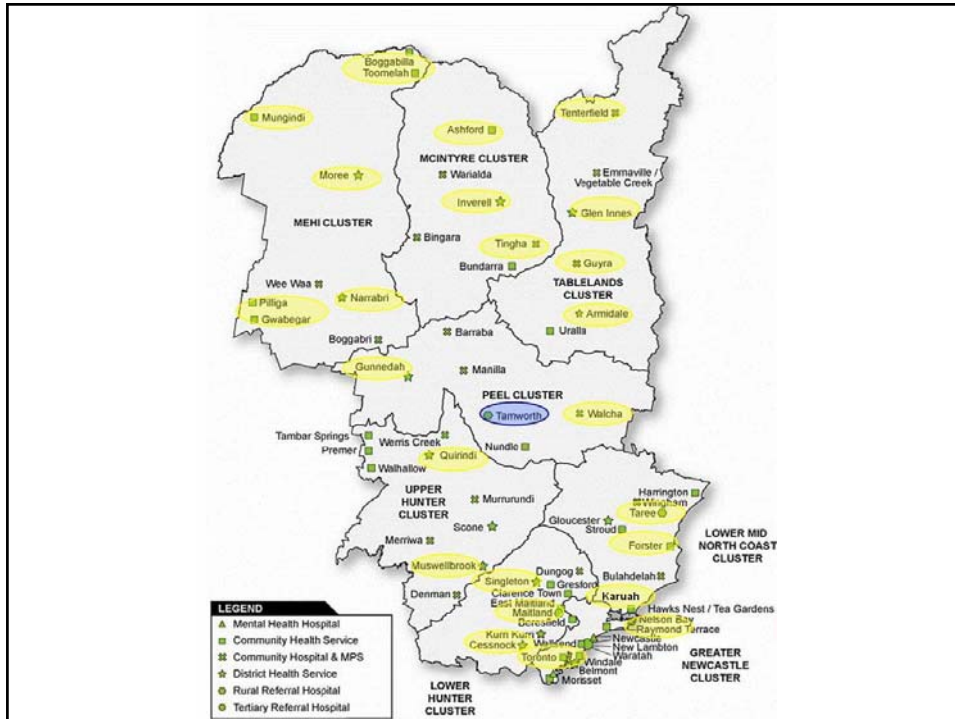
Example HIA



ISSUES FOR CONSIDERATION	RECOMMENDATIONS	RESPONSE STRATEGY
Aboriginal school students are suspended/expelled from schools at higher rates than non-indigenous counterparts.	School stream strategies to demonstrate that alternative, supplementary education providers are included as settings for school children.	Including alternative education providers as settings to be included within the performance management plan of the SEO.


BMI in boys








Good for kids
good for life

Example Community Consultation

- 
Provide education on nutrition for parents and children, e.g.
 - Preparing healthy meals on a budget
 - Educating children on healthy eating choices
 - Promote the benefits of healthy eating to the broader Aboriginal community (and how to do it)
 - “There’s always a few devoted parents who are willing to run programs – Good for Kids could train up those parents to do that more formally”



www.goodforkids.nsw.gov.au



Example Community Consultation



Issue

Recommended program principle

Keeping costs down – as Aboriginal people are over-represented at the lower end of the socio-economic scale, money to pay for extra food or activities will not be available

Ensure that no additional costs are associated with participating in Good for Kids program

Restorative funding



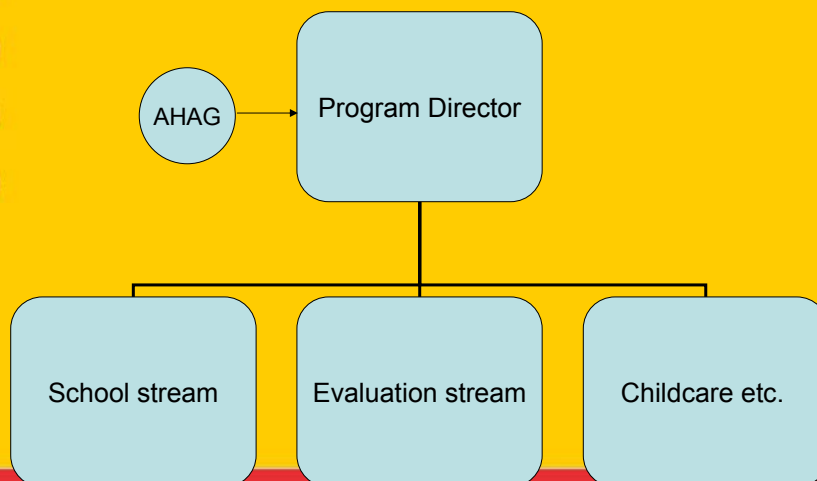
- Commitment linked to funding agreement to allocate significant program resources towards reaching Aboriginal children.
- Applied to Aboriginal Health stream as well as each other stream

Monitoring



- Program Director (and program directors) performance plan deliverables.
- Good for Kids Aboriginal Health Advisory Group
- Reporting to peak Aboriginal Health body in our region

Program management



Good for kids
good for life

Achieving cultural appropriateness in Good for Kids, Good for Life

CULTURAL APPROPRIATENESS

Community Consultation

Equity-focused HIA

Employment strategy

Resourcing

www.goodforkids.nsw.gov.au

LIVE LIFE WELL | NSW@HEALTH
HUNTER NEW ENGLAND
AREA HEALTH SERVICE

Good for kids
good for life

Key learnings

- Program leadership is key to creating a culturally safe environment and setting agenda across streams.
- Appropriate resources and approach = outcomes.

www.goodforkids.nsw.gov.au

LIVE LIFE WELL | NSW@HEALTH
HUNTER NEW ENGLAND
AREA HEALTH SERVICE

References



Lin, V., Smith, J. & Fawkes, S. (2007) *Public Health Practice in Australia: The Organised Effort*, Allen & Unwin.

Mahoney, M., Simpson, S., Harris, E., Aldrich, R., Stewart Williams, J. (2004) *Equity Focused Health Impact Assessment Framework*, the Australasian Collaboration for Health Equity Impact Assessment

Thank you



- Acknowledgements
 - Program Staff: Colin Bell, Luke Allan, Lynde Bartel, Jacki Trapman, Luke Wolfenden
 - Aboriginal Health Advisory Group

Home